

ST. MARY ROMAN CATHOLIC CHURCH - KINGMAN , AZ

Baptismal Certificate
Yes ___ No ___

Safe Environment form
attached _____

Paid in full ___
Date _____

St. Mary' Catholic Church
302 East Spring Street, Az. 86401

CHILD'S NAME

First _____ Goes by _____ Middle _____ Last _____

Male ___ Female ___ DATE OF BIRTH _____ Age ___ Grade _____

CITY AND STATE OF BIRTH _____

MAIN ADDRESS

Street _____ City _____ State _____ Zip Code _____

Telephone _____ Cell _____

E-Mail Address _____

PARENT'S NAME

Father _____

Mother's first and maiden name _____

Guardian _____

CHILD'S SACRAMENT HISTORY

Baptism yes _____ No _____ Date of Baptism _____

Church name _____

Church Address _____

City _____ State _____ Zip Code _____

First Reconciliation Yes ___ No ___

First Eucharist Yes ___ No ___

Confirmation Yes ___ No ___

SPECIAL NEEDS : PLEASE DESCRIBE ANY PHYSICAL RESTRICTIONS VISUAL/HEARING DIFFICULTIES
HEALTH CONCERNS, LEARNING NEEDS OR OTHER INFORMATION THAT WILL HELP US BEST SERVER YOUR
CHILD

EMERGENCY CONTACTS

Contact 1 Name _____

Phone Number _____ Cell _____

Relation to Child _____

Contact 2 Name _____

Phone Number _____ Cell _____

Relation to Child _____

IS THERE ANYONE WHO IS NOT AUTHORIZED TO DROP-OFF OR PICK UP YOUR CHILD? NO ___ YES ___

IF YES, WHO _____

PHONE NUMBER _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

PARENTAL PERMISSION SLIP FOR MAKING SAFE CHOICES LESSON
PERMISO PATERNO PARA ASISTIR A LA CLASE DE TOMANDO DECISIONES SEGURAS

I have reviewed the lesson plans for
Yo he revisado la materia que se presenta para la clase
Making Safe Choices. I agree that my son/daughter X may
Tomando Decisiones Seguras. Estoy de acuerdo que mi hijo/a puede
participate in the class to be given on November 9 at St Mary, Kingman.
participar en las clases que se van a presentar el en

I have not reviewed the lesson plans for Making Safe Choices.
No he revisado el contenido que se presenta para la clase de Tomando Decisiones Seguras.
However, I will give my son/daughter _____
Sin embargo doy mi permiso para que mi hijo/a
permission to participate in the class to be given on _____ at _____
Asista a la clase el en

I have been informed of the presentation - Making Safe Choices - and I do not wish my
He sido informado de la presentación de Tomando Decisiones Seguras y no quiero que
child _____ to participate at this time.
mi hijo/a participe ahora.

Parent's/Guardian's Signature *Firma de los padres o guardianes legales*
 Address *Dirección*
 Telephone Number *Número de teléfono*
 Date *Fecha*
 Parish *Parroquia* _____ City *Ciudad* _____